DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	CORRECTED FORM APPROVED OMB NO. 0938-0193		
TEACH ONLE THANOING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 — 1 8 OKLAHOMA		
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	11-01-00		
5. TYPE OF PLAN MATERIAL (Check One):			
	NSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 1902(f), 1905	7. FEDERAL BUDGET IMPACT:		
1902(a)(10) of the Social Security Act, and	a. FFY 2001 \$ 5,569,905.00 b. FFY 2002 \$ 6,076,260.00		
42 CFR 435.230, 42 CFR 435.601(d) and 1902(m)(1)  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
o. The Nombert of The Feat Section of A Frankeit.	OR ATTACHMENT (If Applicable):		
Attachment 2.2-A, Page 22	Same page, Revised 10-01-91, TN#92-02		
Attachment 2.6-A, Page 22	Same page, Revised 07-01-93, TN#93-15 Same page, Revised 10-01-91, TN#92-02		
Supplement 1 to Attachment 2.6-A, Page 5 Supplement 8b to Attachment 2.6-A, page 1	Same page, Revised 10-01-91, TN#92-02		
Supprenent of to Attachment 2.0-A, page 1	Saile page, several and a		
10. SUBJECT OF AMENDMENT:			
Increasing income levels and modifying resource	disregards for ALD recipients		
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
□ NO/REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
1/(1)			
13. TYPED NAME:	Oklahoma Health Care Authority		
Michael Fogarty	tn: Billie Wright 545 N. Lincoln, #124		
14. TITLE:	Oklahoma City, OK 73105		
Chief Executive Officer			
15. DATE SUBMITTED: $\frac{3-21-01}{3}$ $\frac{1}{2}\frac{1}{2}\frac{1}{0}$			
3 <u>21 01</u> /ス/2//00 FOR REGIONAL OF	PECELISE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:		
Dec 22, 2000	Mar 22, 2001		
PLAN APPROVED - C	ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:		
Nov 01, 2000	Cali 3. Chi 3/22/01		
21. TYPED NAME:	ASSOCIATE REGIONAL ADMINISTRATOR		
CALVIN G. CLINE DEGISION	DIV OF MEDICIAD & STATE OPERATIONS		
23. REMARKS:	LU North Control of the Control of t		
c: Mike Fogarty MAR 22 200			
Jim Hancock			
Billie Wright REGION VI-DALL	AS		
HCFA/MOFMB			
* Pentink change made at request of St	Inte. SH		
	ns on Back		

State: OKLAHOMA

:		
Citation		Groups Covered
	B.	Optional Groups Other Than the Medically Needy (continued)
1902(a)(10)(ii)(X) and 1902(m) of		16. Individuals – a. Who are 65 years of age or older or are disabled as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
		b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <a href="https://doi.org/10.1016/journal.com/ATTACHMENT_2.6-A">ATTACHMENT_2.6-A</a> for a family of the same size; and
		c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <a href="https://doi.org/10.1007/journal.com/ATTACHMENT 2.6-A">ATTACHMENT 2.6-A</a> , and SUPPLEMENT 8b to ATTACHMENT 2.6-A, PAGE 1.
		STATE OKJAhoma  DATE REC'D 12-22-00  DATE APPV'D 3-22-01  DATE EFF 11-01-00  HCFA 179 00-18
		Revised 11-01-00
TN# <u>(20</u> -/8 Supersedes TN# <u>43</u> -03	Approva	Date <u>3/32/0/</u> Effective Date <u>///01/00</u>

State: OKLAHOMA	
Citation	Condition or Requirement
	7. Resource Standard – Medically Needy
1902(a)(10)(C)(i) of the Act	<ul> <li>a. Resource standards are based on family size.</li> <li>b. A single standard is employed in determining resource eligibility for all groups.</li> <li>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for —</li> </ul>
	Aged Blind Disabled
	Supplement 2 to Attachment 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.
1905(p)(1)(D) and (p)(2)(B) of the Act	Resource Standard – Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries.
	For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.
	*(refer to Supplement 8b to Attachment 2.6-A, Page 1)
4007() 511 5	<ol> <li>Resource Standard – Qualified Disabled and Working Individuals</li> </ol>
1905(s) of the Act	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SS resource standard.  DATE REC'D 12-22-00  DATE APPV'D 3-27-01  A  DATE EFF 11-01-00  HCFA 179 00-18

Revised 11-01-00 TN# <u>00 -/8</u> Supersedes TN# <u>93 -/5</u> Effective Date///O/

# SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

#### INCOME ELIGIBILITY LEVELS (Continued)

#### 3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of Section 1902 (m)(1) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size	Income Level	
1	\$ *	
2	*	
3	*	
4	*	
5	*	

(\*as published annually)

STATE OKIA hom a  DATE REC'D 12-22-00  DATE APPV'D 3-22-01  DATE EFF 11-01-00	А
HCFA 179 <u>CO -/8</u>	

Revised 11-01-00

		1101300 11 01 00	
TN# <u>00-/8</u>	Approval Date 3/22/01	Effective Date	
Supersedes	/ /	•	
TN# 92-02	,		

### Supplement 8b to Attachment 2.6-A Page 1

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: OKLAHOMA

## MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

	X	Section 1902(f) State		□ Non-Section 1902(f) State	
1902(	a)(10)(A	)(ii)(X) who are descril	bed in 1902(m)(1	vel group (100% of FPL), at 1). A \$2,000.00 resource disregard gard per couple is allowed.	

DATE REC'D 12-22-00 A DATE EFF... HCFA 179 \_\_

Revised 11-01-00

Approval Date 3 Effective Date // Supersedes TN # 92 -02